

II Centennial Plaza 805 Central Avenue, Suite 500 Cincinnati, Ohio 45202 Monday- Friday 7:30 am- 4 pm 513-352-1559 Boards@Cincinnati-OH.gov

Board of Housing Appeals

FREQUENTLY ASKED QUESTIONS

PLEASE NOTE: This information is supplied for your convenience. Your attention is directed to the full text and provisions of Chapter 1101 Cincinnati Building Code, The Cincinnati Property Maintenance Code and the Ohio Revised Code Chapter 3735 for community reinvestment areas related appeals.

- 1. WHO MAY APPEAL? Persons aggrieved by notices of violation, decisions, or orders of the department of buildings and inspections, issued by code officials from the division of property maintenance code enforcement, pursuant to their enforcement of the CBC, the Vacated Building Maintenance License ("VBML") Ordinance, or decisions of a housing officer issued pursuant to 3735.65 to 3735.69 of the Ohio Revised Code (CRA Codes) may file an appeal by submitting a written petition to the Board of Housing Appeals ("Board").
- 2. WHAT MAY BE APPEALED? A written ruling or a written order to make repairs, corrections or alterations, or to obtain a Vacated Building Maintenance License, or rulings of a Housing Officer as it relates to Community Reinvestment Areas, such as denial of a tax exemption etc. may be appealed.
- 3. WHEN MUST AN APPEAL BE FILED? Appeals of the VBML ordinance requirements may be filed at any time that the applicant can demonstrate that suspension of the VBML fee or vacated building maintenance standards is appropriate based upon the criteria described in 1101-83.3. All other appeals will be filed within thirty (30) days from the issuance of the notice of violation, decision, or order appealed from.
- **5.) HOW DO I FILE?** Complete this form and deliver or send it to the Secretary to the Board of Housing Appeals:

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The application must be accompanied by:

- A. A copy of the written ruling or written order appealed;
- B. A non-refundable filing fee of \$100.00, check made payable to the City of Cincinnati;
- C. A supporting statement or argument to be offered for the Board's consideration. An appeal based wholly or in part on hardship must include detailed bid estimates on the cost of compliance and an income statement.
- D. A VBML waiver <u>must include</u> a detailed rehabilitation plan, a completed waiver application, and proof of liability insurance.
- **6.) WHAT AUTHORITY DOES THE BOARD HAVE?** The Board has authority to overrule decisions of a Housing Officer related to Community Reinvestment Areas; to waive VBML fees and compliance with the 13 point building preservation criteria for up to two years; and, to modify, affirm, reverse or set aside the ruling or order appealed from.
- **7.) WHEN ARE THE HEARINGS HELD?** The hearings are held the 1st Wednesday of each month at 9:00 AM at 805 Central Avenue, 5th Floor, Cincinnati, Ohio 45202. Your case will be set by the board as the caseload and schedule permits. You will be notified 10 days prior to the hearing when your case is scheduled.
- **8.) HOW WILL I KNOW THE BOARD'S DECISION?** Decisions are made during open session. The decision will be sent to the owner of the property, the appellant and the City agencies involved within 30 days of the final hearing.



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Office Use Only
Application #:
Order #:
Date Accepted:

NOTICE OF APPEAL TO THE BOARD OF HOUSING APPEALS

SUBJECT PROPERT	Υ			
Site Address:				
Hamilton Co. Parcel ID) No.:			
APPLICANT INFO	☐ PROPERTY OWNER ☐	OTHER	(AGENT, ATTORNEY, ARCHITECT, ETC.)	
Name:				
Contact Person (if lega	al entity):			
Address:				
			le:	
Phone:		E-mail:		
PROPERTY OWNER	INFORMATION 🗆 SA	ME AS ABOVE		
Name:				
Contact Person (if lega	al entity):			
Address:				
			le:	
Phone:		E-mail:		
RELIEF REQUESTED				
Provide a simple state	ment of the relief requested	(see attached will not b	e accepted):	
REQUIRED ATTACHI	MENTS			
All notices of appeal require a copy of the issued Order. All maintenance code based appeals require a written statement of appeal. All vacant building maintenance license appeals require proof of at least \$300,000 in liability insurance coverage. All vacant building maintenance license appeals require a development plan.				
	☐ Liability Insurance plication Fee: \$100	Development PlanBid Estimates	Explanation LetterIncome/ Financing Letter	
complete, and true to deemed incomplete for	the best of my knowledge	and belief. I further ack	nce to this application are accurate, knowledge that my application will be ment of this application, which non-oplication.	
Applicant Signature: _		Date:		



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DEVELOPMENT PLAN TO THE BOARD OF HOUSING APPEALS

SUBJECT PROPERTY			
Site Address:			
APPLICANT INFO	☐ PROPERTY OWNER ☐ OTHE	R(AGENT, ATTORNEY, ARCHITECT, ETC.)	
Name:			
		Zip Code:	
PROPERTY OWNER I	NFORMATION	ABOVE	
Name:			
Contact Person (if legal	l entity):		
Address:			
		Zip Code:	
Phone:	E-mail:		
DEVELOPMENT PLAN	1		
		e building into compliance. Attach any documents or action documents, and building permits (see attached	
TOTAL & ITEMIZED C	OST ESTIMATES		
What is the estimated to	otal cost of the work? \$		
Itemized Cost Esti	mates:		
Plumbing: \$	Plumbing: \$ HVAC: \$		
	Electrical: \$ Exterior repairs: \$		
Structural Repairs:	Structural Repairs: \$ Site Work: \$		
Interior Renovation:	: \$	Estimated Permit Fees: \$	

FINANCING PLAN				
You must attach supporting documentation (Letter of Credit; Banking Statement; etc).				
Amount of secured financing: \$				
Name of lender or source of financing: \$				
TIMELINE				
Please propose a tentative work schedule that provides benchmarks toward the repair of the property.				
Within 0-4 months:				
Within 5-8 months:				
Within 9-12 months:				
Within 42 40 months:				
Within 13-18 months:				
Within 19-24 months:				
ATTACHMENTS				
□ Construction Drawings □ Structural Reports □ Bid Requests □ Financing Letter				
□ Explanation Letter □ Building Permits				
I certify that all statements and documents that I provide with reference to this application are accurate, complete, and true to the best of my knowledge and belief. I further acknowledge that my application will be deemed incomplete for the failure to timely comply with any requirement of this application, which non-compliance may result in delays in the scheduling and resolution of my application.				
Applicant Signature: Date:				